Appendix A: Waiver Administration and Operation (0394)

1. **State Line of Authority for Waiver Operation**. Specify the state line of authority for the operation of the waiver (*select one*):

   ☒ **The waiver is operated by the State Medicaid agency.** Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program *(select one)*:

   The Medical Assistance Unit (Specify the unit name):

   ☒ **Another division/unit within the State Medicaid agency that is separate from the Medical Assistance Unit.** Specify the division/unit name. This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency.

   Division of Developmental Disabilities
   (Complete Item A-2-a)

2. **Oversight of Performance**.

   a. Medicaid Director Oversight of Performance When the Waiver is operated by another Division/Unit within the State Medicaid Agency. When the waiver is operated by another division/administration within the umbrella agency designated as the Single State Medicaid Agency. Specify (a) the functions performed by that division/administration (i.e., the Developmental Disabilities Administration within the Single State Medicaid Agency), (b) the document utilized to outline the roles and responsibilities related to waiver operation, and (c) the methods that are employed by the designated State Medicaid Director (in some instances, the head of umbrella agency) in the oversight of these activities:

   a) The functions performed by the Division of Developmental Disabilities (DDD):

   DDD performs participant waiver enrollment activities; management of approved limits; monitoring of expenditures; level of care evaluations; review of participant service plans; prior authorization of waiver services; utilization management; establishment of statewide rate methodology; establishment of rules, policies, and procedures governing the waiver program; and quality improvement activities. A provider enrollment broker performs enrollment of qualified providers and executes Medicaid provider agreements under the oversight of the DHHS Division of Medicaid and Long Term Care, the Medicaid agency.

   b) The document utilized to outline the roles and responsibilities related to waiver operation:

The Nebraska State Medicaid Plan Section 1, Citation 1.1(a) outlines designation and authority and was approved by CMS November 29, 2007, with an effective date of July 1, 2007.

c) The methods that are employed by the designated State Medicaid Director in the oversight of these activities:

The State Medicaid Director is the Director of the Division of Medicaid and Long Term Care (DMLTC) within the Department of Health and Human Services (DHHS). Oversight is a collaborative effort among designated staff within DMLTC and DDD. Designated Administrators from DMLTC and DDD have regularly scheduled monthly meetings to review discovered and/or anticipated issues; direct remediation and/or proactive activities; and strategically plan for collaborative alignment of Nebraska's HCBS waivers.

Oversight methods include but are not limited to: reviewing reports of provider non-compliance and coordinating corrective action measures with DDD and Division of Public Health (DPH) as necessary and appropriate; preparing or reviewing statistical and financial data for CMS reports in collaboration with DDD and financial services staff; attending the quarterly DDD Quality Improvement (QI) Committee meetings as an active participating member; meeting with DDD staff to review program and client issues as necessary and appropriate; weekly tracking the use of Medicaid funding on the use of waiver funding relative to the budgeted amounts; and monthly monitoring expenditures and budget projections; reviewing the development, renewal, or amendments of HCBS waivers, with final approval and electronic submittal authority; reviewing the cost neutrality formulas developed in collaboration with DDD and financial services staff; and submitting claims quarterly for federal funds for allowable activities administered or supervised by DDD.

The frequency of the oversight is related to the oversight activity or collaborative projects and tasks, and ranges from monthly budget activities to annual reporting activities.

3. Use of Contracted Entities. Specify whether contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable) (*select one*):

☒ Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable).

Specify the types of contracted entities and briefly describe the functions that they perform. Complete items A-5 and A-6

A provider enrollment broker is the contracted entity that performs 1) Qualified provider enrollment and 2) Execution of the Medicaid Provider Agreement. In conjunction with designated DHHS staff, and within established timeframes, the provider enrollment broker electronically enrolls prospective independent and agency providers, conducts first-time or annual background checks, provides on-line and phone enrollment assistance to prospective providers, provides notice to the provider of approval or denial, and completes 5-year revalidation of provider status. The provider enrollment broker does not complete wage negotiation with the provider.

4. **Role of Local/Regional Non-State Entities.** Indicate whether local or regional non-state entities perform waiver operational and administrative functions and, if so, specify the type of entity**.**

   ☒ Not applicable

5. **Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities**. Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:

   The DHHS Division of Medicaid and Long Term Care is responsible for assessing the performance of the contracted provider enrollment broker.

6. **Assessment Methods and Frequency**. Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional non-state entities is assessed:

   Continuous and on-going review and data analysis of contract deliverables indicated in A3 by the DHHS staff designated to manage the contract for the provider enrollment broker.

7. **Distribution of Waiver Operational and Administrative Functions**. In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):

   In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.

Function	Medicaid Agency	Contracted Entity
Participant waiver enrollment	☑	☐
Waiver enrollment managed against approved limits	☑	☐
Waiver expenditures managed against approved levels	☑	☐
Level of care evaluation	☑	☐
Review of Participant service plans	☑	☐
Prior authorization of waiver services	☑	☐
Utilization management	☑	☐
Qualified provider enrollment	☑	☑
Execution of Medicaid provider agreements	☑	☑
Establishment of a statewide rate methodology	☑	☐
Rules, policies, procedures and information development governing the waiver program	☑	☐
Quality assurance and quality improvement activities	☑	☐

Quality Improvement: Administrative Authority of the Single State Medicaid Agency

a. Methods for Discovery: Administrative Authority

The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

i. Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Performance measures for administrative authority should not duplicate measures found in other appendices of the waiver application. As necessary and applicable, performance measures should focus on:

- Uniformity of development/execution of provider agreements throughout all geographic areas covered by the waiver.
- Equitable distribution of waiver openings in all geographic areas covered by the waiver for all persons except where approved reserved capacity is designated for specific regions or circumstances.
- Compliance with HCB settings requirements and other **new** regulatory components (for waiver actions submitted on or after March 17, 2014).

Where possible, include numerator/denominator.

1. Number and percent of setting assessments completed where the provider was either compliant or progressing toward a plan for compliance with HCBS setting requirements. Numerator = Number of setting assessments completed where the provider was either compliant or progressing toward a plan for compliance with HCBS setting requirements; Denominator = Number of setting assessments completed.

Data Source:
☒ Other: HCBS Setting Review Tool

Provider Compliance

Responsible Party of data collection/generation (*check each that applies)*	Frequency of data collection/generation (*check each that applies*)	Sampling Approach(*check each that applies*)
☒ State Medicaid Agency	☐ Weekly	☒ 100% Review
☐ Operating Agency	☐ Monthly	☐ Less than 100% Review
☐ Sub-State Entity	☐ Quarterly	☐ Representative Sample: Confidence Interval=
☐ Other *(specify)*	☒ Annually	☐ Stratified: Describe Group
	☐ Continuously and Ongoing	☐ Other *(specify*
	☐ Other (*specify)*	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (*check each that apply*)	Frequency of data aggregation and analysis (*check each that apply*)
☒ State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Agency	☒ Quarterly
☐ Other (*specify)*	☐ Annually
	☐ Continuously and Ongoing
	☐ Other: (*specify*)

2. Number and percent of assigned quality assurance reviews completed quarterly by the operating agency (Division of Developmental Disabilities) within the State Medicaid agency. Numerator = number of quarterly quality assurance reviews completed by operating agency; Denominator = number of quarterly quality assurance reviews assigned to operating agency.

Data Source:

☒ Other: HCBS Setting Review Tool

Quality Assurance Reviews

Responsible Party of data collection/generation (*check each that applies)*	Frequency of data collection/generation (*check each that applies*)	Sampling Approach(*check each that applies*)
☒ State Medicaid Agency	☐ Weekly	☒ 100% Review
☐ Operating Agency	☐ Monthly	☐ Less than 100% Review
☐ Sub-State Entity	☐ Quarterly	☐ Representative Sample: Confidence Interval=
☐ Other *(specify)*	☐ Annually	☐ Stratified: Describe Group
	☒ Continuously and Ongoing	☐ Other *(specify*
	☐ Other (*specify)*	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (*check each that apply*)	Frequency of data aggregation and analysis (*check each that apply*)
☒ State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Agency	☒ Quarterly
☐ Other (*specify)*	☐ Annually
	☐ Continuously and Ongoing
	☐ Other: (*specify*)

ii. Additional information on the strategies employed by the state to discover/identify problems/issues within the program including frequency and parties responsible.

Nebraska's population centers are clustered in the eastern portion of the state and the distribution of waiver openings and execution of provider agreements reflect the disproportionate distribution of the population. Therefore, the State does not measure the uniformity of development/execution of provider agreements throughout all geographic areas covered by the waiver and does not measure equitable distribution of waiver openings in all geographic areas.

Quarterly off-site file reviews are conducted by DDD program accuracy staff (PAS). The Raosoft calculator is used to ensure sample sizes are sufficient for a confidence level of 95%. This second level review by DDD program accuracy staff is conducted on a sample of files to ensure activities are being applied correctly, and that reviews and remediation activities are completed as assigned. PAS are responsible for reporting all individual problems requiring remediation identified during discovery processes to supervisory staff. This information is summarized and reviewed by the DDD QIC quarterly.

The continuing efforts are to oversee and refine the formal design and implementation of QI systems that allow for systematic oversight of services across the state by the QIC, while ensuring utility of the information at the local service coordination level. A regular reporting schedule has been developed to ensure regular review of the results of the various QI functions. The minutes show review of results and recommendations for remediation, both to address issues that have been identified and to proactively decrease the likelihood of similar problems occurring in the future.

The QIC receives reports and information and provides/shares feedback and support to the service districts. The MLTC representative verbally reports activities of the QIC to his/her administrator and/or the Medicaid Director and makes all meeting minutes and reports available for his/her review.

The QIC minutes show review of results, recommendations for remediation, and follow-up of recommendations or assigned tasks to address issues that have been identified and to proactively decrease the likelihood of similar problems occurring in the future. A continuous evaluation component is built into the system for evaluation of utility, information received, and effectiveness of strategies.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

The participant's DDD Service Coordinator (SC) or Community Coordination Specialist (CCS) has primary responsibility for discovery and remediation of individual problems. Discovery processes include: monitoring; conducting supervisory file reviews; reviewing incidents; and following up on complaints.

Service coordination staff, which is the SC or CCS is responsible for in-person, on-site monitoring of individual health and welfare and monitoring of the implementation of the service plan. Service Coordination staff also monitors to ensure that an individual resides and/or receives services in a setting that meets the HCB regulations and requirements. Please see Appendix D QI-b-i for additional information on monitoring and methods of correction.

By statute, providers have to report any suspected incidents of abuse/neglect to DHHS Protection and Safety Specialists. When providers report alleged abuse and neglect of participants that is not required to be reported by law, the Protection and Safety staff share this information with DDD within 24 hours of receipt. DDD staff triages/reviews the information and makes a determination whether to do a complaint investigation or handle it in another manner.

The database for incidents is a web-based service system used for incident reporting and case management and the database allows DDD to review and aggregate data in various formats. Quarterly, providers submit a report to DDD detailing the incidents in the quarter and actions taken both on a participant and provider wide level to address the issue and to decrease the likelihood of future incidents. A summary of all the incidents and of the providers efforts are compiled into a report reviewed quarterly by the QIC. The QIC determines the need for systemic follow-up and additional areas requiring probing and/or DDD management intervention.

All participant grievances/complaints are reviewed and responded to within 24 working hours and logged using a system maintained by DDD. The DDD Director or designee will work with the appropriate groups to address the grievance/complaint. Complaints, questions or concerns are either responded to directly by DDD or referred to the Licensing Unit at the Department of Health and Human Services Division of Public Health, if appropriate.

As part of their discovery processes, all SC supervisors are required to conduct a review of services coordination activities on an on-going basis as outlined in the approved DDD operational guidelines. These reviews ensure that all service coordination activities are being applied correctly. The review responses are documented in an electronic data system. Indicators that do not meet standards require remediation/supervisory follow-up. Because all monitoring forms are stored in the DDD electronic records system, SC Supervisors are able to, and do, conduct regular and routine trend analysis of monitoring data. Threshold concerns are reviewed with the local DDD Field Office Administrator and brought to the attention of DDD Central Office Field Operations Administrator as needed. This information is summarized and reviewed by the DDD QIC quarterly. The summarized data for the service plan review are also shared with service coordination staff at the local service coordination level and the DSSs. The implementation data summary is shared with Service Coordination, providers and DDD Central Office staff.

ii. **Remediation Data Aggregation**:

Remediation-related Data Aggregation and Analysis (including trend identification):

Responsible Party for data aggregation and analysis (*check each that apply*)	Frequency of data aggregation and analysis (*check each that apply*)
☒ State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Agency	☐ Quarterly
☐ Other (*specify)*	☒ Annually
	☒ Continuously and Ongoing
	☐ Other: (*specify*)

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Administrative Authority that are currently non-operational.

☒ **No**